


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) TVWIAPP33US								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of McCormack et al.</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 09/977,085</td> <td style="padding: 2px;">Filed 10/12/2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For System Method and Apparatus for Portable Digital Identity</td> </tr> <tr> <td style="width: 40%; padding: 2px;">Art Unit 2155</td> <td style="padding: 2px;">Examiner Michael Young WON</td> </tr> </table>			In re Application of McCormack et al.		Application Number 09/977,085	Filed 10/12/2001	For System Method and Apparatus for Portable Digital Identity		Art Unit 2155	Examiner Michael Young WON
In re Application of McCormack et al.										
Application Number 09/977,085	Filed 10/12/2001									
For System Method and Apparatus for Portable Digital Identity										
Art Unit 2155	Examiner Michael Young WON									
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. The fee of \$500 has been paid with the submission of this paper using the Patent Electronic Business Center. In the event an additional fee is due, kindly charge that fee to Deposit Account No. 20-0782..</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the _____</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>54,220</u>.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> <div style="text-align: right; margin-top: 20px;">  _____ Signature Chin B. Kim _____ Typed or printed name 732-530-9404 _____ Telephone number October 10, 2006 _____ Date </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>										

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.